

(Official Form 1) (9/01)

<b>FORM B1</b>		<b>United States Bankruptcy Court</b> District of Nevada		<b>Voluntary Petition</b>																
Name of Debtor (if individual, enter Last, First, Middle): <b>Leland, Marshall</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):																	
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																	
Soc. Sec./Tax I.D. No. (if more than one, state all): <b>530-44-9334</b>			Soc. Sec./Tax I.D. No. (if more than one, state all):																	
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>1700 Miner Way Las Vegas, NV 89104</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																	
County of Residence or of the Principal Place of Business: <b>Clark</b>			County of Residence or of the Principal Place of Business:																	
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																	
Location of Principal Assets of Business Debtor (if different from street address above):																				
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>																				
<b>Venue</b> (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																				
<b>Type of Debtor</b> (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker			<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13																	
<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																	
<b>Chapter 11 Small Business</b> (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)			<b>*** Frank Sorrentino 000421 ***</b>																	
<b>Statistical/Administrative Information</b> (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY  <div style="transform: rotate(-90deg); transform-origin: center;">           RECEIVED AND FILED AUG 12 1 40 PM '03 CLERK         </div>															
<b>Estimated Number of Creditors</b> <table style="width: 100%; text-align: center;"> <tr> <td>1-15</td> <td>16-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1000-over</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1-15	16-49	50-99	100-199	200-999		1000-over														
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>														
<b>Estimated Assets</b> <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million													
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
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\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million													
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													

*Handwritten initials:* MZ

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM B1, Page 2

Leland, Marshall

**Prior Bankruptcy Case Filed Within Last 6 Years** (If more than one, attach additional sheet)

Location

Where Filed: - None -

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Marshall Leland  
Signature of Debtor **Marshall Leland**X \_\_\_\_\_  
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

8/11/03

Date

**Signature of Attorney**X Frank Sorrentino  
Signature of Attorney for Debtor(s)**Frank Sorrentino 000421**

Printed Name of Attorney for Debtor(s)

**Law Office of Frank Sorrentino**

Firm Name

**1118 E. Carson Ave.  
Las Vegas, NV 89101**

Address

**702-384-6824 Fax: 702-384-7116**

Telephone Number

Date

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X \_\_\_\_\_  
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X Frank Sorrentino  
Signature of Attorney for Debtor(s) Date  
**Frank Sorrentino 000421****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**NOTICE TO CONSUMER DEBTOR OF AVAILABLE CHAPTERS**

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. Bankruptcy law is complicated and not easily described. Therefore, you may wish to seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Neither the judge nor the court's employees may provide you with legal advice. This notice is posted in the clerk's office pursuant to 11 U.S.C. § 342(b) and Local Rule 120.

**Chapter 7: Liquidation (\$170 filing fee plus \$30 administrative fee)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to a valid security interest. Your attorney can explain the options that are available to you.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$30 administrative fee)**

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but not more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under your plan, your debts are discharged except alimony and support payments, student loans, certain other debts including criminal restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

**Chapter 11: Reorganization (\$830 filing fee)**

Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer (\$230 filing fee)**

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to a chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.

IF YOU HAVE ANY QUESTIONS REGARDING THE INFORMATION CONTAINED IN THIS NOTICE, YOU SHOULD CONSULT WITH YOUR ATTORNEY.

Clerk of the Court

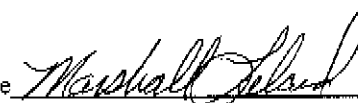
## ACKNOWLEDGMENT

I hereby certify that I have read this notice.

Date

8/11/03

Signature



Marshall Leland

Debtor

**United States Bankruptcy Court**  
**District of Nevada**

In re **Marshall Leland**

Debtor

Case No. \_\_\_\_\_

Chapter 13

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

			AMOUNTS SCHEDULED		
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	140,000.00		
B - Personal Property	Yes	4	23,175.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	3		140,907.00	
E - Creditors Holding Unsecured Priority Claims	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		74,585.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			5,856.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			4,904.00
Total Number of Sheets of ALL Schedules		19			
Total Assets			163,175.00		
Total Liabilities				215,492.00	

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE A. REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property." Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. (See Schedule D.) If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
1700 Miner Way, LV NV 89104	Residence	-	140,000.00	110,478.00

Sub-Total > **140,000.00** (Total of this page)

Total > **140,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B. PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Wells Fargo Bank - Checking Account #0289377657</b>	-	<b>0.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Household goods</b>	-	<b>850.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Clothing</b>	-	<b>100.00</b>
7. Furs and jewelry.		<b>Misc. Jewelry</b>	-	<b>100.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			

Sub-Total > **1,050.00**  
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B. PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	<b>X</b>			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
13. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
15. Accounts receivable.	<b>X</b>			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	<b>X</b>			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	<b>X</b>			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			

Sub-Total > **0.00**  
(Total of this page)

Sheet 1 of 3 continuation sheets attached  
to the Schedule of Personal Property

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B. PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
21. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
22. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1998 Jeep Grand Cherokee - Retain/Current (IN DEBTORS DAUGHTERS POSSESSION) (Kelley Low Blue Book Value)</b>	-	<b>8,350.00</b>
		<b>1995 Honda Accord - (Low Kelley Low Blue Value) (DEBTORS GIRLFRIEND MAKES CAR PAYMENTS)</b>	-	<b>5,950.00</b>
		<b>1996 GMC Yukon - Pay FMV (DEBTORS) (Kelley Low Blue Book Value)</b>	-	<b>7,825.00</b>
24. Boats, motors, and accessories.	<b>X</b>			
25. Aircraft and accessories.	<b>X</b>			
26. Office equipment, furnishings, and supplies.	<b>X</b>			
27. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
28. Inventory.	<b>X</b>			
29. Animals.	<b>X</b>			
30. Crops - growing or harvested. Give particulars.	<b>X</b>			
31. Farming equipment and implements.	<b>X</b>			
32. Farm supplies, chemicals, and feed.	<b>X</b>			

Sub-Total > **22,125.00**  
(Total of this page)

Sheet 2 of 3 continuation sheets attached  
to the Schedule of Personal Property



In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B. PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
33. Other personal property of any kind not already listed.	<b>X</b>			

Sub-Total > **0.00**  
(Total of this page)  
Total > **23,175.00**

Sheet **3** of **3** continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE C. PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

*[Check one box]*

- ☐ 11 U.S.C. §522(b)(1): Exemptions provided in 11 U.S.C. §522(d). Note: These exemptions are available only in certain states.
- ☒ 11 U.S.C. §522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Market Value of Property Without Deducting Exemption
<b><u>Real Property</u></b>			
1700 Miner Way, LV NV 89104	Nev. Rev. Stat. § 21.090(1)(m)	29,847.00	140,000.00
<b><u>Household Goods and Furnishings</u></b>			
Household goods	Nev. Rev. Stat. § 21.090(1)(b)	850.00	850.00
<b><u>Wearing Apparel</u></b>			
Clothing	Nev. Rev. Stat. § 21.090(1)(b)	100.00	100.00
<b><u>Furs and Jewelry</u></b>			
Misc. Jewelry	Nev. Rev. Stat. § 21.909(1)(a)	100.00	100.00
<b><u>Automobiles, Trucks, Trailers, and Other Vehicles</u></b>			
1995 Honda Accord - (Low Kelley Low Blue Value) (DEBTORS GIRLFRIEND MAKES CAR PAYMENTS)	Nev. Rev. Stat. § 21.090(1)(f)	4,500.00	5,950.00

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS, INCLUDING ZIP CODE	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. <b>Creditor #: 1</b> <b>Auto Title Loan</b> <b>1599 N. Eastern Avenue</b> <b>Las Vegas, NV 89101</b>			<b>2001</b>  <b>Auto Loan</b>  <b>1995 Honda Accord - (Low Kelley Low Blue Value) (DEBTORS GIRLFRIEND MAKES CAR PAYMENTS)</b>  Value \$ <b>5,950.00</b>				<b>1,100.00</b>	<b>0.00</b>
Account No. <b>Creditor #: 2</b> <b>Clark County Treasurer</b> <b>P. O. Box 551220</b> <b>500 S. Grand Central Pkwy</b> <b>Las Vegas, NV 89155-1220</b>			<b>2002</b>  <b>Properth Tax</b>  <b>1700 Miner Way, LV NV 89104</b>  Value \$ <b>140,000.00</b>				<b>325.00</b>	<b>0.00</b>
Account No. <b>0380518613</b> <b>Creditor #: 3</b> <b>Homecomings</b> <b>P. O. Box 78426</b> <b>Phoenix, AZ 85062</b>			<b>2000</b>  <b>Second Mortgage</b>  <b>1700 Miner Way, LV NV 89104</b>  Value \$ <b>140,000.00</b>				<b>32,263.00</b>	<b>0.00</b>
Account No. <b>00957079027</b> <b>Creditor #: 4</b> <b>Onyx Acceptance</b> <b>27051 Towne Center Drive</b> <b>Foothill Ranch, CA 92610</b>	X		<b>8/01</b> <b>Auto loan</b> <b>1998 Jeep Grand Cherokee - Retain/Current (IN DEBTORS DAUGHTERS POSSESION) (Kelley Low Blue Book Value)</b>  Value \$ <b>8,350.00</b>				<b>14,939.00</b>	<b>6,589.00</b>
Subtotal (Total of this page)							<b>48,627.00</b>	

2 continuation sheets attached

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS, INCLUDING ZIP CODE	C O D E F I O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. <b>5218065216</b>			<b>5/95</b>					
<b>Creditor #: 5</b> <b>Washington Mutual</b> <b>P. O. Box 660139</b> <b>Dallas, TX 75266-0139</b>			<b>First Mortgage</b>  <b>1700 Miner Way, LV NV 89104</b>					
			Value \$ <b>140,000.00</b>				<b>77,890.00</b>	<b>0.00</b>
Account No.			<b>California Reconveyance Co.</b> <b>9301 Corbin Ave.</b> <b>Northridge, CA 91324</b>					
<b>Representing:</b> <b>Washington Mutual</b>			Value \$					
Account No.			<b>Clark County Treasurer</b> <b>P. O. Box 551220</b> <b>Las Vegas, NV 89155-1220</b>					
<b>Representing:</b> <b>Washington Mutual</b>			Value \$					
Account No.			<b>FHA/HUD</b> <b>Clayton National</b> <b>4 Corporate Drive</b> <b>Shelton, CT 06484</b>					
<b>Representing:</b> <b>Washington Mutual</b>			Value \$					
Account No.			<b>Veterans Administration</b> <b>Loan Guaranty Division</b> <b>3225 N. Central Avenue</b> <b>Phoenix, AZ 85012</b>					
<b>Representing:</b> <b>Washington Mutual</b>			Value \$					
Subtotal (Total of this page)							<b>77,890.00</b>	

Sheet **1** of **2** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS, INCLUDING ZIP CODE	C O D E D E B T O R  H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I T A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. <b>65472193</b>		<b>1996</b>					
<b>Creditor #: 6</b>		<b>Auto loan</b>					
<b>Wells Fargo</b>		<b>1996 GMC Yukon - Pay FMV</b>					
<b>5001 E. Bonanza Rd.</b>		<b>(DEBTORS)</b>					
<b>Las Vegas, NV 89110</b>		<b>(Kelley Low Blue Book Value)</b>					
		Value \$ <b>7,825.00</b>				<b>14,390.00</b>	<b>6,565.00</b>
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					

Sheet **2** of **2** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal  
(Total of this page)

**14,390.00**

Total  
(Report on Summary of Schedules)

**140,907.00**

In re Marshall Leland

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of this petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,650\* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,650\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,100\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

\*Amounts are subject to adjustment on April 1, 2004, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 3727-673478-41003 Creditor #: 1 American Express Suite 0001 Los Angeles, CA 90096-0001	-		1999 Credit card purchases				8,080.00
Account No. 3712-906967-61004 Creditor #: 2 American Express Suite 0001 Los Angeles, CA 90096-0001	-		1999 Credit card purchases				529.00
Account No. 60352530087 Creditor #: 3 CBUSA P.O. Box 8189 Johnson City, TN 37615	-		2001-2002 Credit Card Purchase				968.00
Account No. 7753012004423397 Creditor #: 4 CBUSA/GDYR P.O. Box 8189 Johnson City, TN 37615	-		2001-2002 Credit Card Purchase				2,017.00
Subtotal (Total of this page)							11,594.00

4 continuation sheets attached

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	C O D E D E B T O R  H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I T A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 8010260000890157 Creditor #: 5 Chase Receivables 1247 Broadway Sonoma, CA 95476	-	2001-2002 Credit Card Purchase				123.00
Account No. 7183572815 Creditor #: 6 Chevron 3160 S. Valley View #206 Las Vegas, NV 89102	-	2000 Credit card purchases				413.00
Account No. 542418037224 Creditor #: 7 Citi Card P.O. Box 8034 South Hackensack, NJ 07606	-	2001-2002 Credit Card Purchase				10,133.00
Account No. 5424-1803-7224-5875 Creditor #: 8 Citibank P. O. Box 6411 The Lakes, NV 88901-6411	-	2000 Credit card purchases				9,050.00
Account No. A454705 Creditor #: 9 Citibank C/o Jeffrey Sloane, Esq. 1389 Galleria Dr. Ste. 200 Henderson, NV 89014	-	2002 Lawsuit				10,109.00
Subtotal (Total of this page)						29,828.00

Sheet no. 1 of 4 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims



In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 6011-0091-4060-3320 Creditor #: 10 Discover Card P. O. Box 30395 Salt Lake City, UT 84130-0395		-	2000 Credit card purchases				3,153.00
Account No. 7753012004423397 Creditor #: 11 Goodyear P. O. Box 9025 Des Moines, IA 50368-9025		-	2000 Credit card purchases				1,813.00
Account No. 60352530087016620 Creditor #: 12 Gordon's Jewelers P. O. Box 9025 Des Moines, IA 50368-9025		-	2000 Credit card purchases				1,661.00
Account No. 684105-17-121604-7 Creditor #: 13 HFC/Household P. O. Box 60101 City Of Industry, CA 91716-0101		-	2000 Credit card purchases				7,227.00
Account No. Creditor #: 14 Household Finance Corp. C/O Jeffrey G. Sloane, Esq. 1389 Galleria Dr. Ste. 200 Henderson, NV 89014		-	2002 Lawsuit				8,089.00

Sheet no. **2** of **4** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**21,943.00**

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	C O D E H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 055860331713 Creditor #: 15 HRS P. O. Box 60101 City Of Industry, CA 91716	-	2000 Credit card purchases				1,047.00
Account No. 82934689821 Creditor #: 16 JC Penny P.O. Box 32000 Orlando, FL 32890	-	2000 Credit card purchases				1,471.00
Account No. 45005071732 Creditor #: 17 Macy's P. O. Box 4561 Carol Stream, IL 60197-4561	-	2000 Credit card purchases				300.00
Account No. 0545-3718-863 Creditor #: 18 Mervyn's P.O. Box 59316 Minneapolis, MN 55459	-	1996 Credit card purchases				1,092.00
Account No. 4479-4813-0056-0212 Creditor #: 19 Providian P. O. Box 60005 Los Angeles, CA 90060-0005	-	1998 Credit card purchases				4,911.00
Subtotal (Total of this page)						8,821.00

Sheet no. 3 of 4 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	DOCUMENT TYPE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPENDED	AMOUNT OF CLAIM
Account No. <b>5242852500579725</b> Creditor #: <b>20</b> Providian P. O. Box 9539 Manchester, NH 03108-9539	-	<b>2000</b> Credit card purchases				<b>1,943.00</b>
Account No. <b>31811539209</b> Creditor #: <b>21</b> Texaco/Citi P. O. Box 15687 Wilmington, DE 19850-5687	-	<b>2001-2002</b> Credit Card Purchase				<b>456.00</b>
Account No.						
Account No.						
Account No.						

Sheet no. 4 of 4 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**2,399.00**

Total  
(Report on Summary of Schedules)

**74,585.00**

In re Marshall Leland

Case No. \_\_\_\_\_

Debtor

**SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

0 continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re Marshall Leland  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE H. CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Marshall Leland</b> <b>1700 Miner Way</b> <b>Las Vegas, NV 89104</b>	<b>Onyx Acceptance</b> <b>27051 Towne Center Drive</b> <b>Foothill Ranch, CA 92610</b>

0 continuation sheets attached to Schedule of Codebtors

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE		
<b>Single</b>	NAMES <b>Alexis Leland</b>	AGE <b>16 years</b>	RELATIONSHIP <b>Daughter</b>
<b>EMPLOYMENT:</b>		<b>DEBTOR</b>	
Occupation	<b>Property Manager</b>		
Name of Employer	<b>Maul Excavating Inc.</b>		
How long employed	<b>9 years</b>		
Address of Employer	<b>6640 W. Cheyenne Ave. Las Vegas, NV 89112-0000</b>		
		<b>SPOUSE</b>	

INCOME: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)

Estimated monthly overtime

SUBTOTAL

## LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify) VacationUniform

## SUBTOTAL OF PAYROLL DEDUCTIONS

## TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm (attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

Social security or other government assistance (Specify)

Pension or retirement income

Other monthly income

(Specify) GIRLFRIENDS CONTRIBUTIONDAUGHTER CONTRIBUTION FOR CAR

## TOTAL MONTHLY INCOME

TOTAL COMBINED MONTHLY INCOME \$ 5,856.00

## DEBTOR

## SPOUSE

\$ 5,475.00 \$ 0.00\$ 0.00 \$ 0.00\$ 5,475.00 \$ 0.00\$ 1,283.00 \$ 0.00\$ 0.00 \$ 0.00\$ 0.00 \$ 0.00\$ 476.00 \$ 0.00\$ 60.00 \$ 0.00\$ 1,819.00 \$ 0.00\$ 3,656.00 \$ 0.00\$ 0.00 \$ 0.00\$ 0.00 \$ 0.00\$ 0.00 \$ 0.00\$ 0.00 \$ 0.00\$ 0.00 \$ 0.00\$ 0.00 \$ 0.00\$ 0.00 \$ 0.00\$ 2,000.00 \$ 0.00\$ 200.00 \$ 0.00\$ 5,856.00 \$ 0.00

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document: **DEBTORS LIVES WITH GIRLFRIEND WHO CONTRIBUTES TO BILLS AND LIVING EXPENSES.**

In re **Marshall Leland**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$	820.00
Are real estate taxes included? Yes <u>X</u> No _____		
Is property insurance included? Yes <u>X</u> No _____		
Utilities: Electricity and heating fuel	\$	290.00
Water and sewer	\$	85.00
Telephone	\$	100.00
Other <u>2nd Mortgage</u>	\$	1,200.00
Home maintenance (repairs and upkeep)	\$	75.00
Food	\$	700.00
Clothing	\$	175.00
Laundry and dry cleaning	\$	75.00
Medical and dental expenses	\$	100.00
Transportation (not including car payments)	\$	290.00
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	100.00
Charitable contributions	\$	0.00
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$	0.00
Life	\$	0.00
Health	\$	0.00
Auto	\$	318.00
Other	\$	0.00
Taxes (not deducted from wages or included in home mortgage payments)		
(Specify)	\$	0.00
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.)		
Auto	\$	363.00
Other	\$	0.00
Other	\$	0.00
Other <u>Garbage Service</u>	\$	23.00
Alimony, maintenance, and support paid to others	\$	0.00
Payments for support of additional dependents not living at your home	\$	0.00
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
Other <u>Cable Service</u>	\$	100.00
Other <u>Cellular Service</u>	\$	90.00
<b>TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)</b>	<b>\$</b>	<b>4,904.00</b>

**[FOR CHAPTER 12 AND 13 DEBTORS ONLY]**

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$	5,856.00
B. Total projected monthly expenses	\$	4,904.00
C. Excess income (A minus B)	\$	952.00
D. Total amount to be paid into plan each <u>Monthly</u>	\$	950.00
(interval)		

MAUI ONE EXCAVATING INC.  
Las Vegas, Nevada 89108

HOURS		RATE	EARNINGS		OTHER PAY			DESCRIPTION
REGULAR	OVERTIME		REGULAR	OVERTIME	BASIS	RATE	AMOUNT	
40.00		25.44	1137.60		40.00	2.75	110.00	U_Vac

No. 25225

TOTAL PAY

1247.60

TOTAL

DEDUCTIONS

412.09

NET PAY

835.51

## DEDUCTIONS THIS PERIOD

FWH	193.53	MED	18.09	SOC	77.35	U_Vac	110.00	Uniform	13.12
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## EMPLOYEE INFORMATION

Marshall Leland

320

## YEAR - TO - DATE - TOTALS

GROSS	29092.49	FICA	2225.57	#01K	.00
FWH	4468.82				

PLEASE DETACH THIS PORTION AND RETAIN FOR YOUR RECORDS

MAUI ONE EXCAVATING INC.  
Las Vegas, Nevada 89108

HOURS			RATE	EARNINGS		OTHER PAY			DESCRIPTION
REGULAR	OVERTIME	REGULAR		OVERTIME	BASIS	RATE	AMOUNT		
24.00		28.44	682.56		40.00	2.75	110.00	U_Vac	
16.00		30.47	487.52						

No. 25375

TOTAL PAY

1280.08

TOTAL

DEDUCTIONS

422.69

NET PAY

857.39

## DEDUCTIONS THIS PERIOD

FWH	201.65	MED	18.56	SOC	79.36	U_Vac	110.00	Uniform	13.12
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## EMPLOYEE INFORMATION

Marshall Leland

320

## YEAR - TO - DATE - TOTALS

GROSS	33616.13	FICA	2571.65	#01K	.00
FWH	5128.56				

PLEASE DETACH THIS PORTION AND RETAIN FOR YOUR RECORDS

12/24/03 5:00 PM

12/24/03 5:00 PM

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YTD - 12/24/03

APPROX



**United States Bankruptcy Court  
District of Nevada**

In re Marshall Leland

Debtor(s)

Case No. \_\_\_\_\_

Chapter


13

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20 sheets [total shown on summary page plus 1], and that they are true and correct to the best of my knowledge, information, and belief.

Date 8/11/03

Signature   
**Marshall Leland**  
Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

Form 7  
(9/00)

**United States Bankruptcy Court  
District of Nevada**

In re Marshall Leland

Debtor(s)

Case No.

Chapter

13

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE (if more than one)
<b>\$38,325.00</b>	<b>YTD-Income</b>
<b>\$59,790.00</b>	<b>2002-Income</b>
<b>\$60,868.00</b>	<b>2001-Income</b>

**2. Income other than from employment or operation of business**

None  
☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

**3. Payments to creditors**

None



a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CREDITOR  
**Onyx Acceptance**  
**27051 Towne Center Drive**  
**Foothill Ranch, CA 92610**

DATES OF  
PAYMENTS  
**Last 3 months**

AMOUNT PAID  
**\$1,089.00**

AMOUNT STILL  
OWING  
**\$14,939.00**

None



b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND  
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL  
OWING

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY  
AND LOCATION

STATUS OR  
DISPOSITION

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE  
BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF  
PROPERTY

**5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
CREDITOR OR SELLER

DATE OF REPOSSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURN

DESCRIPTION AND VALUE OF  
PROPERTY

**6. Assignments and receiverships**

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF  
ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Frank Sorrentino Nevada Bar #: 000421 1118 East Carson Avenue Las Vegas, NV 89101	8/24/02 475.00	\$475.00

**10. Other transfers**

- None ☐ List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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**11. Closed financial accounts**

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

- None ☐ If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18. Nature, location and name of business**

- None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NUMBER	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

#### 19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE ISSUED

#### 20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)

- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
RECORDS

#### 21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

**22 . Former partners, officers, directors and shareholders**

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23 . Withdrawals from a partnership or distributions by a corporation**

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER
----------------------------	--------------------------------

**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER
----------------------	--------------------------------



a Control number <b>46</b>		OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS Web Site at <a href="http://www.irs.gov">www.irs.gov</a> .	
b Employer identification number <b>88-0278347</b>		c Employer's name, address, and ZIP code <b>Maui One Excavating Inc. 3172 North Rainbow Blvd. Suite 244 Las Vegas NV 89108-4534</b>		1 Wages, tips, other compensation <b>59789.49</b>		2 Federal income tax withheld <b>7929.41</b>	
d Employee's social security number <b>530-44-9334</b>		e Employee's first name and initial <b>Marshall</b>  <b>1700 Miner Way</b>  <b>Las Vegas NV 89104</b>		3 Social security wages <b>59789.49</b>		4 Social security tax withheld <b>3706.95</b>	
				5 Medicare wages and tips <b>59789.49</b>		6 Medicare tax withheld <b>866.95</b>	
				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment <b>.00</b>		10 Dependent care benefits	
				11 Nonqualified plans		12a See instructions for box 12	
f Employee's address and ZIP code Employer's state ID number:		13 Security employee's Soc. Sec. No.		Retirement plan		12b	
		14 Other		12c		12d	
		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name			

Department of the Treasury—Internal Revenue Service

2022

iRev. February 2002)

W-2 Wage and Tax Statement

Form **1041** **2011** **Instructions**

**Copy B To Be Filed With Employee's FEDERAL Tax Return.** This information is being furnished to the Internal Revenue Service.

FORM 5202

**Wage and Tax**

Form **WV-7** Statement

Form **1041** **2008** **Instructions**

**Copy B To Be Filed With Employee's FEDERAL Tax Return.** This information is being furnished to the Internal Revenue Service.

Department of the Treasury—Internal Revenue Service

2020

iRev. February 2002)

W-2 Wage and Tax Statement

Form **1041** **2011** **Instructions**

**Copy B To Be Filed With Employee's FEDERAL Tax Return.** This information is being furnished to the Internal Revenue Service.

FORM 5202

Department of the Treasury — Internal Revenue Service

Form **1040A** **U.S. Individual Income Tax Return (99) 2001**

IRS use only — Do not write or staple in this space.

**Label**  
(See instructions.)

**Use the  
IRS label.**  
Otherwise,  
please print  
or type.

**Presidential  
Election  
Campaign**  
(See instructions.)

**Filing  
status**

Check only  
one box.

**Exemptions**

If more than seven  
dependents,  
see instructions.

Your First Name <b>MI</b> Last Name		OMB No. 1545-0085
<b>MARSHALL LELAND</b>		Your Social Security Number <b>530-44-9334</b>
If a Joint Return, Spouse's First Name <b>MI</b> Last Name		Spouse's Social Security Number
Home Address (number and street). If You Have a P.O. Box, See Instructions.		▲ <b>Important!</b> ▲ You must enter your social security number(s) above.
<b>1700 MINER WAY</b>		
City, Town or Post Office. If You Have a Foreign Address, See Instructions.		
<b>LAS VEGAS, NV 89104</b>		

**Note:** Checking 'Yes' will not change your tax or reduce your refund.  
Do you, or your spouse if filing a joint return, want \$3 to go to this fund?..... **You** ☐ Yes ☒ No **Spouse** ☐ Yes ☐ No

- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security number above and full name here .....
- 4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ....
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died .....). (See instructions.)

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a. ....

b ☐ **Spouse** .....

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit	No. of your children on 6c who: • lived with you ..... 1 • did not live with you due to divorce or separation .....
CECIL E JAMES	530-62-0119	SON	<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

d Total number of exemptions claimed ..... **2**

**Income**

Attach Form(s)  
W-2 here. Also  
attach Form(s)  
1099-R if tax  
was withheld.

If you did not  
get a W-2,  
see instructions.

Enclose, but  
do not attach,  
any payment.

**Adjusted  
gross  
income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 .....	7	60,868.
8a Taxable interest. Attach Schedule 1 if required .....	8a	
b Tax-exempt interest. Do not include on line 8a. ....	8b	
9 Ordinary dividends. Attach Schedule 1 if required .....	9	
10 Capital gain distributions (see instructions) .....	10	
11a Total IRA distributions ..... 11a	11b Taxable amount .....	11b
12a Total pensions and annuities ... 12a	12b Taxable amount .....	12b
13 Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends .....	13	
14a Social security benefits ..... 14a	14b Taxable amount .....	14b
15 Add lines 7 through 14b (far right column). This is your <b>total income</b> .....	15	60,868.
16 IRA deduction (see instructions) .....	16	
17 Student loan interest deduction (see instructions) .....	17	
18 Add lines 16 and 17. These are your <b>total adjustments</b> .....	18	0.
19 Subtract line 18 from line 15. This is your <b>adjusted gross income</b> .....	19	60,868.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040A (2001)

Form 1040A (2001) MARSHALL LELAND

530-44-9334 Page 2

**Tax, credits, and payments**

20 Enter the amount from line 19 (adjusted gross income) 20 60,868.

21a Check if: ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind Enter number of boxes checked 21a

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here 21b

**Standard Deduction for —**

- People who checked any box on line 21a or 21b or who can be claimed as a dependent, see instructions.

- All others: Single, \$4,550

- Head of Household, \$6,650

- Married filing jointly or Qualifying widow(er), \$7,600

- Married filing separately, \$3,800

22 Enter your standard deduction (see left margin) 22 6,650.

23 Subtract line 22 from line 20. If line 22 is more than line 20, enter 0 23 54,218.

24 Multiply \$2,900 by the total number of exemptions claimed on line 6d. 24 5,800.

25 Subtract line 24 from line 23. If line 24 is more than line 23, enter 0. This is your taxable income. 25 48,418.

26 Tax, including any alternative minimum tax (see instructions). 26 8,786.

27 Credit for child and dependent care expenses. Attach Schedule 2. 27

28 Credit for the elderly or the disabled. Attach Schedule 3. 28

29 Education credits. Attach Form 8863. 29

30 Rate reduction credit. See the worksheet in the instructions. 30

31 Child tax credit (see instructions). 31

32 Adoption credit. Attach Form 8839. 32

33 Add lines 27 through 32. These are your total credits. 33

34 Subtract line 33 from line 26. If line 33 is more than line 26, enter 0. 34 8,786.

35 Advance earned income credit payments from Form(s) W-2. 35

36 Add lines 34 and 35. This is your total tax. 36 8,786.

37 Federal income tax withheld from Forms W-2 and 1099. 37 8,973.

38 2001 estimated tax payments and amount applied from 2000 return. 38

39a Earned income credit (EIC). 39a

b Nontaxable earned income. 39b

40 Additional child tax credit. Attach Form 8812. 40

41 Add lines 37, 38, 39a, and 40. These are your total payments. 41 8,973.

42 If line 41 is more than line 36, subtract line 36 from line 41. This is the amount you overpaid. 42 187.

43a Amount of line 42 you want refunded to you. 43a 187.

b Routing number. c Type: ☐ Checking ☐ Savings

d Account number.

44 Amount of line 42 you want applied to your 2002 estimated tax. 44

**Refund**

Direct deposit? See instructions and fill in 43b, 43c, and 43d.

**Amount you owe**

45 Amount you owe. Subtract line 41 from line 36. For details on how to pay, see instructions. 45

46 Estimated tax penalty (see instructions). 46

**Third party designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's Name Preparer

Phone No.

Personal Identification Number (PIN)

**Sign here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your Signature

Date

Your Occupation

Daytime Phone Number

Joint return? See instructions.

Spouse's Signature. If a Joint Return, Both Must Sign.

Date

Spouse's Occupation

Keep a copy for your records.

**Paid preparer's use only**

Preparer's Signature EDNA K BENNETT

Date

4/18/02

Check if self-employed ☒

Preparer's SSN or PTIN

491-74-0554

Firm's Name (or yours if self-employed), Address, and ZIP Code

Discount Tax Service  
1527 Western Ave.  
Las Vegas, NV 89102

EIN 88-0441487

Phone No. (702) 214-3600

Form 1040A (2001)

FORM

1040

Department of the Treasury - Internal Revenue Service  
U.S. Individual Income Tax Return

2000

(99) IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

## Label

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

L  
A  
B  
E  
L  
  
H  
E  
R  
E

For the year Jan. 1 - Dec. 31, 2000, or other tax year beginning

, 2000, ending

, 20

Your first name and initial

Last name

MARSHALL LELAND

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 19.

Apt. no.

1700 MINER WAY

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

LAS VEGAS, NV 89104

Your social security number

530-44-9334

Spouse's social security number

▲ IMPORTANT! ▲  
You must enter your SSN(s) above.

Presidential Election Campaign (See page 19.)

K Note. Checking "Yes" will not change your tax or reduce your refund.

You

Spouse

1 Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

f Yes f No

f Yes f No

## Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above & full name here j \_\_\_\_\_
- 4 ☒ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here j \_\_\_\_\_
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died j \_\_\_\_\_). (See page 19.)

## Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

No. of boxes checked on 6a and 6b

1

b ☐ Spouse

c Dependents:

(1) First Name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Chk if qualifying child for child tax credit (see page 20)

No. of your children on 6c who:

ALEXIS M LELAND

530-75-9336

DAUGHTER

X

lived with you

2

CECIL E JAMES

530-62-0119

SON

did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers entered on lines above

3

d Total number of exemptions claimed

## Income

Attach Forms W-2 and W-2G here. Also attach Form 1099-H if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a Taxable interest. Attach Schedule B if required
- b Tax-exempt interest. Do not include on line 8a
- 9 Ordinary dividends. Attach Schedule B if required
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here j f
- 14 Other gains or (losses). Attach Form 4797
- 15a Total IRA distributions
- 15b Taxable amount (see pg. 25)
- 16a Total pensions and annuities
- 16b Taxable amount (see pg. 25)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits
- 20b Taxable amount (see pg. 25)
- 21 Other income. Gambling Winnings
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income

7

55,216

8a

9

10

11

12

13

14

15b

16b

17

18

19

20b

21

12,925

22

68,141

## Adjusted Gross Income

- 23 IRA deduction (see page 27)
- 24 Student loan interest deduction (see page 27)
- 25 Medical savings account deduction. Attach Form 8853
- 26 Moving expenses. Attach Form 3903
- 27 One-half of self-employment tax. Attach Schedule SE
- 28 Self-employed health insurance deduction (see page 29)
- 29 Self-employed SEP, SIMPLE, and qualified plans
- 30 Penalty on early withdrawal of savings
- 31a Alimony paid. b Recipient's SSN j \_\_\_\_\_
- 32 Add lines 23 through 31a
- 33 Subtract line 32 from line 22. This is your adjusted gross income.

23

24

25

26

27

28

29

30

31a

32

33

0

68,141

Form 1040 (2000) MARSHALL LELAND

530-44-9334 Page 2

## Tax and Credits

## Standard Deduction for Most People

Single: \$4,400  
Head of household: \$5,450  
Married filing jointly or Qualifying widow(er): \$7,350  
Married filing separately: \$3,725

34	Amount from line 33 (adjusted gross income)	34	68,141
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
	b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	35b	<input type="checkbox"/>
36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	14,920
37	Subtract line 36 from line 34	37	53,221
38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter	38	8,400
39	Taxable income. Subtract line 38 from line 37.	39	44,821
40	Tax (see page 32). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	7,982
41	Alternative minimum tax. Attach Form 6251	41	
42	Add lines 40 and 41	42	7,982
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Att. Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Child tax credit (see page 36)	47	500
48	Adoption credit. Attach Form 8839	48	
49	Other. Check if from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	49	
50	Add lines 43 through 49. These are your total credits	50	500
51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	51	7,482

## Other Taxes

52	Self-employment tax. Att. Sch. SE	52	
53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	53	
54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	54	
55	Advance earned income credit payments from Form(s) W-2	55	
56	Household employment taxes. Attach Schedule H	56	
57	Add lines 51 through 56. This is your total tax	57	7,482

## Payments

If you have a qualifying child, attach Schedule EIC.

58	Federal income tax withheld from Forms W-2 and 1099	58	7,779
59	2000 estimated tax payments and amount applied from 1999 return	59	
60a	Earned income credit (EIC)	60a	
	b Nontaxable earned income: amt. <input type="checkbox"/> and type <input type="checkbox"/> No		
61	Excess social security and RRTA tax withheld (see page 50)	61	
62	Additional child tax credit. Attach Form 8812	62	
63	Amount paid with request for extension to file (see page 50)	63	
64	Other payments. Check if from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	64	
65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	65	7,779

## Refund

Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.

66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid	66	297
67a	Amount of line 66 you want refunded to you	67a	297

b Routing number  c Type: ☐ Checking ☐ Savings  
d Account number

68	Amount of line 66 you want applied to your 2001 estimated tax	68	
----	---	----	--

## Amount You Owe

69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51	69	
70	Estimated tax penalty. Also include on line 69	70	

## Sign Here

Joint return? See page 19. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

k Your signature	Date	Your occupation	Daytime phone number
l		FUELER	
k Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	May the IRS discuss this return with the preparer shown below? (see page 52)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
l			

## Paid

## Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
l EDNA K BENNETT	3/02/01	<input checked="" type="checkbox"/>	491-74-0554
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
Discount Tax Service 1527 Western Ave. Las Vegas, NV 89102	88-0441487	(702) 214-3600	



Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040

Attach to Form 1040.

See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

**2000**

Attachment  
Sequence No. **07**

**MARSHALL LELAND**

Your social security number  
**530-44-9334**

**Medical and Dental Expenses**

Caution. Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see page A-2) ..... 1  
2 Enter amount from Form 1040, line 34 ..... 2  
3 Multiply line 2 above by 7.5% (.075) ..... 3  
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- ..... 4

**Taxes You Paid**

- 5 State and local income taxes ..... 5  
6 Real estate taxes (see page A-2) ..... 6  
7 Personal property taxes ..... 7  
8 Other taxes. List type and amount ..... 8

(See page A-2.)

- 9 Add lines 5 through 8 ..... 9

**Interest You Paid**

- 10 Home mortgage interest and points reported on Form 1098 ..... 10  
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 & show that person's name, ID no. & address ..... 11

(See page A-3.)

Note.  
Personal interest is not deductible.

- 12 Points not reported to you on Form 1098. See pg. A-3 ..... 12  
13 Investment interest. Attach Form 4952, if required. (See page A-3.) ..... 13  
14 Add lines 10 through 13 ..... 14

**Gifts to Charity**

- 15 Gifts by cash or check. If any gift of \$250 or more, see pg. A-4 ..... 15  
16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500 ..... 16  
17 Carryover from prior year ..... 17  
18 Add lines 15 through 17 ..... 18

If you made a gift and got a benefit for it, see page A-4.

**Casualty and Theft Losses**

- 19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.) ..... 19

**Job Expenses and Most Other Miscellaneous Deductions**

- 20 Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) ..... 20  
j Union & Professional Dues ..... 1,000

- 21 Tax preparation fees ..... 21  
22 Other expenses - investment, safe deposit box, etc. List type and amount ..... 22

(See page A-5 for expenses to deduct here.)

- 23 Add lines 20 through 22 ..... 23  
24 Enter amount from Form 1040, line 34 ..... 24  
25 Multiply line 24 above by 2% (.02) ..... 25  
26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- ..... 26

**Other Miscellaneous Deductions**

- 27 Other - from list on page A-6. List type and amount ..... 27  
j Gambling Losses to Extent of Winnings ..... 12,925

**Total Itemized Deductions**

- 28 Is Form 1040, line 34, over \$128,950 (over \$64,475 if married filing separately)?  
X No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. } ..... j

E Yes. Your deduction may be limited. See page A-6 for the amount to enter.


12,925

14,920

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 8/11/03

Signature   
**Marshall Leland**  
Debtor

*Penalty for making a false statement:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court**  
**District of Nevada**

In re Marshall Leland

Debtor(s)

Case No.

Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>2,285.00</u>
Prior to the filing of this statement I have received	\$	<u>475.00</u>
Balance Due	\$	<u>1,810.00</u>

2. \$ 185.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

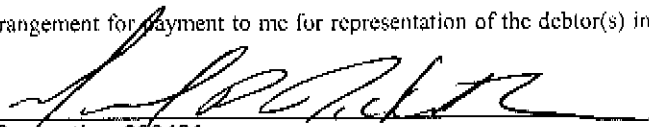
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: \_\_\_\_\_

  
**Frank Sorrentino 000421**  
**Law Office of Frank Sorrentino**  
**1118 E. Carson Ave.**  
**Las Vegas, NV 89101**  
**702-384-6824 Fax: 702-384-7116**



**United States Bankruptcy Court  
District of Nevada**

In re **Marshall Leland**

Debtor(s)

Case No.

Chapter

**13**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date:

8/11/03

*Marshall Leland*

**Marshall Leland**

Signature of Debtor

Marshall Leland  
1700 Miner Way  
Las Vegas, NV 89104

Frank Sorrentino 000421  
Law Office of Frank Sorrentino  
1118 E. Carson Ave.  
Las Vegas, NV 89101

Department of Justice  
U.S. Trustee  
600 S. Las Vegas Blvd. #435  
Las Vegas, NV 89101

American Express  
Suite 0001  
Los Angeles, CA 90096-0001

Auto Title Loan  
1599 N. Eastern Avenue  
Las Vegas, NV 89101

California Reconveyance Co.  
9301 Corbin Ave.  
Northridge, CA 91324

CBUSA  
P.O. Box 8189  
Johnson City, TN 37615

CBUSA/GDYR  
P.O. Box 8189  
Johnson City, TN 37615

Chase Receivables  
1247 Broadway  
Sonoma, CA 95476

Chevron  
3160 S. Valley View #206  
Las Vegas, NV 89102

Citi Card  
P.O. Box 8034  
South Hackensack, NJ 07606

Citibank  
P. O. Box 6411  
The Lakes, NV 88901-6411

Citibank  
C/o Jeffrey Sloane, Esq.  
1389 Galleria Dr. Ste. 200  
Henderson, NV 89014

Clark County Treasurer  
P. O. Box 551220  
500 S. Grand Central Pkwy  
Las Vegas, NV 89155-1220

Clark County Treasurer  
P. O. Box 551220  
Las Vegas, NV 89155-1220

Discover Card  
P. O. Box 30395  
Salt Lake City, UT 84130-0395

FHA/HUD  
Clayton National  
4 Corporate Drive  
Shelton, CT 06484

Goodyear  
P. O. Box 9025  
Des Moines, IA 50368-9025

Gordon's Jewelers  
P. O. Box 9025  
Des Moines, IA 50368-9025

HFC/Household  
P. O. Box 60101  
City Of Industry, CA 91716-0101

Homecomings  
P. O. Box 78426  
Phoenix, AZ 85062

Household Finance Corp.  
C/O Jeffrey G. Sloane, Esq.  
1389 Galleria Dr. Ste. 200  
Henderson, NV 89014

HRS  
P. O. Box 60101  
City Of Industry, CA 91716

JC Penny  
P.O. Box 32000  
Orlando, FL 32890

Macy's  
P. O. Box 4561  
Carol Stream, IL 60197-4561

Mervyn's  
P.O. Box 59316  
Minneapolis, MN 55459

Onyx Acceptance  
27051 Towne Center Drive  
Foothill Ranch, CA 92610

Providian  
P. O. Box 60005  
Los Angeles, CA 90060-0005

Providian  
P. O. Box 9539  
Manchester, NH 03108-9539

Texaco/Citi  
P. O. Box 15687  
Wilmington, DE 19850-5687

Veterans Administration  
Loan Guaranty Division  
3225 N. Central Avenue  
Phoenix, AZ 85012

Washington Mutual  
P. O. Box 660139  
Dallas, TX 75266-0139

Wells Fargo  
5001 E. Bonanza Rd.  
Las Vegas, NV 89110

**REMINDER OF FIRST PLAN PAYMENT**

PLEASE BE ADVISED THAT YOUR FIRST PLAN PAYMENT PAYABLE TO KATHLEEN McDONALD, TRUSTEE, IN THE AMOUNT OF \$950.00\_\_\_\_\_ (CASHIER'S CHECK OR MONEY ORDER) IS DUE TO THE CHAPTER 13 TRUSTEE, KATHLEEN McDONALD, ON 9/18/03\_\_. HER ADDRESS IS:

302 E. CARSON AVENUE  
THIRD FLOOR  
LAS VEGAS, NV 89101

THIS PAYMENT MUST BE MADE **BEFORE** YOUR SCHEDULED 341 MEETING OF CREDITORS.

FAILURE TO MAKE THIS PAYMENT ON TIME EACH MONTH MAY RESULT IN YOUR BANKRUPTCY BEING DISMISSED.

  
\_\_\_\_\_  
DEBTOR

**SPECIAL DIRECTIVE TO DEBTOR(S) AND THEIR ATTORNEY**

A. The Trustee in your Chapter 13 bankruptcy case is KATHLEEN A. MCDONALD. Her address is: 302 EAST CARSON THIRD FLOOR LAS VEGAS, NV 89101

B. This is an important directive from the Trustee requiring Debtor(s)' attention. It must be read carefully, understood, and complied with. If Debtor(s) do not understand their obligations as explained below, Debtor(s) should discuss the matter with their attorney.

1. Your first plan payment \$950.00 be made on or before 9/18/03 Note to Debtor(s) & Debtors' attorney: Specify a date NO LATER than the 45th day from the date of filing of the petition. 11 U.S.C. Section 1326(a)(1)].

2. All subsequent monthly plan payments shall be made on or before the 18<sup>th</sup> day of each subsequent month (Note to Debtor(s) & Debtors' attorney: Specify the SAME DAY of the month on which the first plan payment is due), for as long as this Plan is in effect.

3. Payment must be made in the form of a cashier's check or money order only. No personal checks or cash will be accepted.

4. Each payment must be made payable to Kathleen A. McDonald, Trustee, and must be mailed or delivered to 302 East Carson Second Floor Las Vegas, Nevada 89101.

5. Debtor(s) first and last name(s), EXACTLY AS THEY APPEAR ON THE BANKRUPTCY PETITION, must be clearly printed on all payments.

6. Debtor(s) bankruptcy number BK-S\_\_\_\_\_ (fill in blank) must be printed on all payments next to Debtor(s) name(s).

~~7. Reminders will not be sent. If Debtor(s) fail(s) to comply with this directive, the Trustee may ask the Court to dismiss the case.~~

8. At the first meeting of creditors, Debtor(s) shall be prepared to provide the Trustee with the following: a) Debtor(s) three (3) most recent paycheck stubs evidencing gross wages and withholding, and b) Debtor(s) most recent, filed tax return. At the first meeting of creditors, or at any time subsequent to the first meeting of creditors during the first 36 months of the plan, Debtor(s) shall be prepared, upon request from the Trustee, to provide a current budget and annual tax returns and/or request for extensions to file tax returns.

9. Tax refunds to which the Debtor(s) is/are entitled or to which Debtor(s) become entitled during the first 36 months of the Plan shall be deemed to be "disposable income" unless otherwise ordered by the Court. If disposable income increases, Debtor(s) should be prepared to increase the amount of their monthly plan payments, if so stipulated between the Debtor(s) and the Trustee, or if ordered by the Court.

DEBTOR: Marshall Leland  
MARSHALL LELAND

Attorney for Debtor(s): \_\_\_\_\_ Space reserved for Bankruptcy Clerk  
 Name: FRANK SORRENTINO, ESQ. \_\_\_\_\_  
 Bar No.: 000421 \_\_\_\_\_  
 1118 E. Carson Avenue \_\_\_\_\_  
 Las Vegas, Nv. 89101 \_\_\_\_\_  
 Phone: 702-384-6824 \_\_\_\_\_

**UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA  
 (SOUTHERN DIVISION OF NEVADA)**

In re: \_\_\_\_\_ )  
 ) CASE NO. BK-S- - - \_\_\_\_\_  
 ) CHAPTER 13  
 MARSHALL LELAND ) **CHAPTER 13 PLAN - # 1**  
 ) **PLAN MODIFICATION: ( ) NA ( ) Before**  
 ) **( ) After Original Confirmation**  
 ) Confirmation Hearing:  
 Debtor(s). ) DATE: \_\_\_\_\_  
 ) TIME: \_\_\_\_\_

**1. NOTICE TO CREDITORS:** *This Plan may ultimately provide a distribution to general unsecured creditors. Creditors should TIMELY file proofs of claim to participate in such distribution.*

**2. INCORPORATION OF CHAPTER 13 PLAN GUIDELINES:** This plan incorporates the Chapter 13 Plan Guidelines for Las Vegas, Nevada (hereinafter referred to as "Guidelines"). Any creditor may request a copy of the Guidelines from the Chapter 13 Trustee or the attorney for Debtor(s).

**3. PLAN PAYMENT SCHEDULE:**

**A.** (i) \$ 950.00 per month 47 MONTHS

**Amount**  
\$ 44,094.00

(Debtor(s) shall not pay less than 36 monthly payments unless Plan proposes to pay 100% to all filed and allowed claims)  
 Payments to commence 9/18/03  
 (Date must match Special Directive to Debtor(s) and Their Attorney)

(ii) Payments shall increase as follows:  
 (State reason, i.e., paid in full direct during course of Plan or wage increase, etc.)

\$- commencing \_\_\_\_\_ \$

Reason: EMPLOYER LOAN PAID IN FULL \_\_\_\_\_

\$ \_\_\_\_\_ commencing \_\_\_\_\_ \$ \_\_\_\_\_

Reason: \_\_\_\_\_

**B.** Non-monthly payments:

All lump sum payments must be paid into the Plan at least 6 months prior to proposed Plan expiration (Court approval may be required).

Source \_\_\_\_\_

\$ \_\_\_\_\_



C. Total minimum plan payments\* \$ \_\_\_\_\_  
\$44,094.00  
 \*If amount is pursuant to a settlement, see Exhibit attached.  
 (must equal line 4.I.)

#### 4. CLASSIFICATION OF CLAIMS PAID BY TRUSTEE:

##### A. ADMINISTRATIVE CLAIMS:

##### (1) Debtor's Attorney Compensation

(Must comply with Guidelines):

##### a. Basic Services:

Attorney fees and costs \$ 2,100.00\_  
 Filing fee \$ 185.00\_  
 TOTAL FOR ATTORNEY \$ 2,285.00\_  
 Less: Amount pre-paid  
     By Debtor (\$ 475.00\_)  
 Amount to be paid  
     By Trustee \$ 1,810.00\_\_\_\_\_

##### b. Estimated additional fees

##### & costs:

Attorney fees & costs \$ \_\_\_\_\_  
 Less: Amount pre-paid  
     By Debtor (\$ \_\_\_\_\_)  
 Amount to be paid  
     By Trustee per  
     Court order \$ \_\_\_\_\_

##### (2) Other professionals (see Guidelines):

a. Claimant: \_\_\_\_\_  
 Type of service: \_\_\_\_\_

Amount of claim: \$ \_\_\_\_\_  
 Less: Amount pre-paid  
     By Debtor (\$ \_\_\_\_\_)  
 Amount to be paid  
     By Trustee \$ \_\_\_\_\_

(3) Other administrative claims: \$ \_\_\_\_\_

The aforementioned administrative claims shall be paid simultaneously with adequate protection payments, if any, on allowed secured claims as set forth at 4(B)(3) as follows:

- a. Minimum monthly payment to  
     attorney: \$ \_\_\_\_\_/mo.
- b. Minimum monthly payment to  
     other professional: \$ \_\_\_\_\_/mo.

(4) Trustee Compensation: See 4(H).



(5) Collateral to be Surrendered(Surrender of property is  
In full satisfaction of the secured claim. Upon  
Confirmation, the automatic stay terminates regarding  
The property to be surrendered)

- a) Creditor: \_\_\_\_\_  
Collateral: \_\_\_\_\_  
Location of Collateral: \_\_\_\_\_

### C. EXECUTORY CONTRACTS AND UNEXPIRED LEASES:

- a) Creditor: \_\_\_\_\_  
Collateral: \_\_\_\_\_  
Reject: yes/no Returned to creditor: yes/no  
Assume: yes/no Regular monthly payment \$ \_\_\_\_\_/mo.  
No. of months remaining \_\_\_\_\_

### D. UNSECURED PRIORITY CLAIMS:

#### (1) Taxes (Federal, State, City and County)

- a) Creditor: \_\_\_\_\_  
Period/Type: \_\_\_\_\_ Claim amount \$ \_\_\_\_\_  
TOTAL CLAIM \$ \_\_\_\_\_

#### (2) Child Support/Alimony

- a) Creditor: \_\_\_\_\_ Pre-petition claim \$ \_\_\_\_\_  
Interest rate: \_\_\_\_\_% Approx. Interest \$ \_\_\_\_\_-0-  
Direct payment \$ \_\_\_\_\_/mo. To commence: N/A  
TOTAL CLAIM \$ \_\_\_\_\_

#### (3) Other Priority

- a) Creditor: \_\_\_\_\_  
Type of Priority: \_\_\_\_\_ Pre-petition claim \$ \_\_\_\_\_  
Interest rate: \_\_\_\_\_% Approx. Interest \$ \_\_\_\_\_  
Direct payment \$ \_\_\_\_\_/mo. To commence: \_\_\_\_\_  
TOTAL CLAIM \$ \_\_\_\_\_

### E. UNSECURED NONPRIORITY CLAIMS:

#### (1) Special Class

- a) Creditor: \_\_\_\_\_  
Reason for special class: \_\_\_\_\_  
Pre-petition claim \$ \_\_\_\_\_  
Percentage to be paid \_\_\_\_\_%  
TOTAL CLAIM \$ \_\_\_\_\_

#### (2) General Unsecured

- a) Approximate total amount of all claims \$74,585.00  
Approximate percentage to be paid 1\_\_\_\_\_%  
APPROXIMATE AMOUNT TO BE PAID \$ 1,000.00  
Is Approximate Amount to be Paid modifiable? Yes/no  
If no, explain: \_\_\_\_\_

## (3) Late-Filed

a) Approximate total amount of all claims \$ 0  
 Approximate percentage to be paid 0 %  
**APPROXIMATE AMOUNT TO BE PAID** \$ -0-  
 Is Approximate Amount to be Paid modifiable? Yes/no  
 If no, explain: \_\_\_\_\_

**F. POST-PETITION CLAIMS (11 U.S.C. §1305):**

## (a) Taxes (Federal, State, City and County)

a) Creditor: \_\_\_\_\_ Claim amount \$ \_\_\_\_\_  
 Period/Type: \_\_\_\_\_ Approx. Interest & penalties \$ \_\_\_\_\_  
**TOTAL CLAIM** \$ \_\_\_\_\_

## (b) Other

a) Creditor: \_\_\_\_\_ Claim amount \$ \_\_\_\_\_  
 Type: \_\_\_\_\_ Approx. Interest & penalties \$ \_\_\_\_\_  
**TOTAL CLAIM** \$ \_\_\_\_\_

**G. TOTAL CLAIMS PAID BY TRUSTEE: (Add A-F)**

\$39,685.00

**H. TRUSTEE COMPENSATION:**

(1) Not to exceed 10% (divide F. by 9)

\$ 4,409.00

**I. TOTAL PLAN PAYMENTS TO TRUSTEE (Add G-H, must equal 3C)**

\$44,094.00

**5. ORDER OF DISTRIBUTION BY TRUSTEE:** The Trustee shall distribute to \_\_\_\_\_ allowed claims in the following order:

- A. Section 4(A) - Administrative Claims (unless 4B(3) adequate protection payments shown)
- B. Section 4(B) - Secured Claims
- C. Section 4(F) - Post Petition Claims
- D. Section 4(D) - Unsecured Priority Claims
- E. Section 4(E) - Unsecured Nonpriority Claims

**6. LIENS TO BE AVOIDED BY MOTION:**

a) Creditor: \_\_\_\_\_  
 Collateral: \_\_\_\_\_  
 Type of Lien: \_\_\_\_\_  
 Value of Lien: \_\_\_\_\_

**7. LIQUIDATION VALUE:**

Liquidation value (from worksheet in Guidelines) \$ \_\_\_\_\_

Liquidation value to be paid to priority claims \$ \_\_\_\_\_

Liquidation value to be paid to non-priority claims \$ \_\_\_\_\_

Liquidation value is based on: \_\_\_\_\_

**8. SCHEDULES/STATEMENT OF FINANCIAL AFFAIRS:**

Copies of the Debtor(s) Schedules and Statement of Financial Affairs may be obtained from the United States Bankruptcy Court Clerk's Office, 300 Las Vegas Blvd. South, Second Floor, Las Vegas, Nevada 89101. Documents may also be viewed via the Bankruptcy Court's website ([www.nvb.uscourts.gov](http://www.nvb.uscourts.gov)).

**9. SIGNATURE BY DEBTOR(S):**

The undersigned Debtor(s), declare under penalties of perjury, that I have read the foregoing Chapter 13 Plan, including any attached sheets, and I know and understand the contents thereof and my obligations thereunder.

  
Debtor

\_\_\_\_\_  
Joint Debtor (if any)

**10. ATTORNEY SIGNATURE:**

\_\_\_\_\_  
ATTORNEY FOR DEBTOR(S)

  
DATE

U:\PLANS -- ALL\Leland, Marshall.pln.wpd